



**Housing Trust  
Fund  
& Bridges**

**Rental Assistance  
Training Module**

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**Downloading the Rental  
Assistance Draw Request Form**

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**This training will cover the following:**

- Properly download the Draw Request Form from the website
- Import data from a previous spreadsheet
- Save the document in the correct format
- Submit the Draw Request Form

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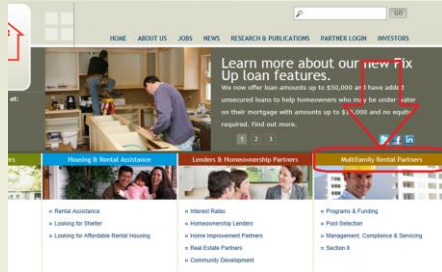
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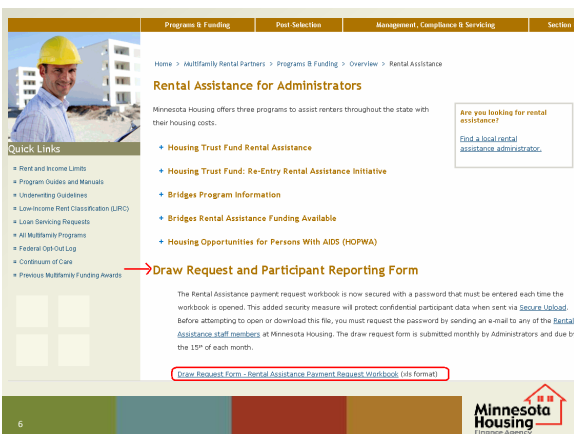
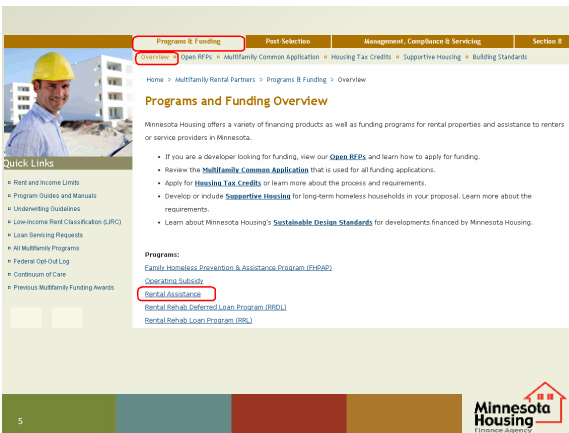
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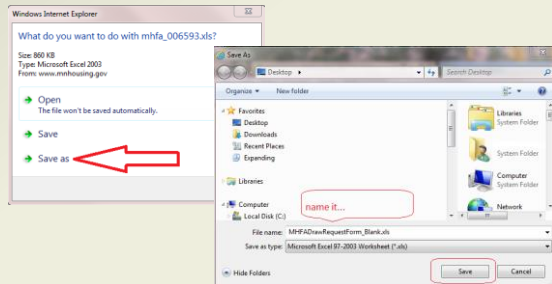
## Navigating through the website



[www.mnhousing.gov](http://www.mnhousing.gov)



## Select Appropriately



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## Open and How to Import



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## Import Data

**Minnesota Housing**  
FINANCIAL ASSISTANCE

**RENTAL ASSISTANCE PROGRAMS**  
Request for Reimbursement Form  
For Bridges, HTP & ELHF Funded RA Programs

**1. GENERAL INFORMATION**

Agency Name:	
RA Program Type:	
RA Housing ID Number (RA#):	
Project Number (PMN#):	
Grant Amount:	
Grant Expiration Date:	
Agency Fee (incl. Administrative Fee):	
Target # RA#:	
Target # RA#:	
Contact Name:	
Contact Phone Number:	
Contact Fax Number:	
Contact Email Address:	

**2. REQUEST INFORMATION**

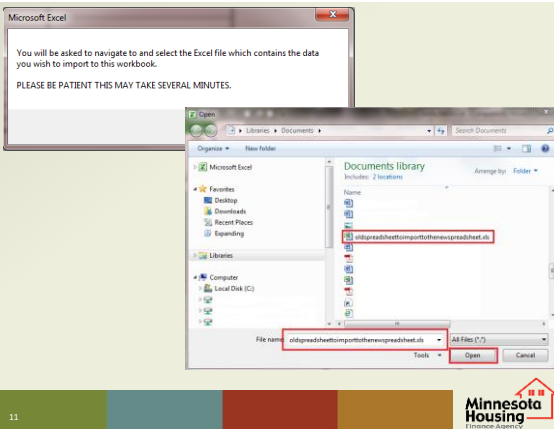
Rental Assistance Program:	
Reimbursement for period beginning:	
Reimbursement for period ending:	
Beginning year of reimbursement period:	
Ending year of reimbursement period:	
Date Submitted:	

Provide method used for RA, Contract Rent and UA. Based on actual days of the month.

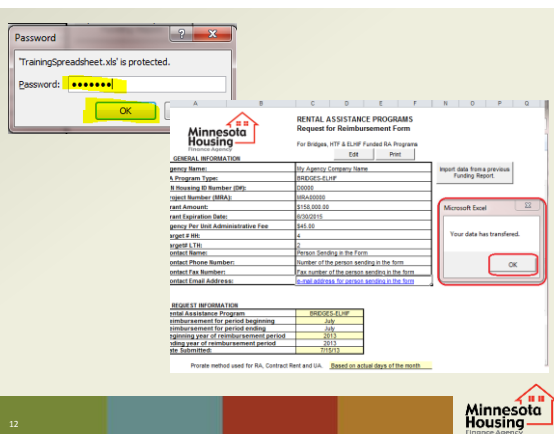
\*\*\* READ ME \*\*\* **GENERAL INFO** MONTHLY LOG (1) ... ADJUSTMENTS ... RA FUNDING REQUEST



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**Minnesota Housing**  
FINANCIAL ASSISTANCE

**RENTAL ASSISTANCE PROGRAMS**  
Request for Reimbursement Form  
For Bridges, HTF & ELHF Funded RA Programs

**GENERAL INFORMATION**

Agency Name: \_\_\_\_\_  
 Agency Company Name: \_\_\_\_\_  
 Agency Type: \_\_\_\_\_  
 M Housing ID Number (MID): \_\_\_\_\_  
 Agent Number (MNA): \_\_\_\_\_  
 Agent Amount: \_\_\_\_\_  
 Agent Expiration Date: \_\_\_\_\_  
 Agent Per Unit Administrative Fee: \_\_\_\_\_  
 Agent LTH: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact Fax Number: \_\_\_\_\_  
 Contact Email Address: \_\_\_\_\_

**REQUEST INFORMATION**

Initial Assistance Program: \_\_\_\_\_  
 Reimbursement for period beginning: \_\_\_\_\_  
 Reimbursement for period ending: \_\_\_\_\_  
 Signing year of reimbursement period: \_\_\_\_\_  
 Reimbursement period: \_\_\_\_\_

Private method used for RA, Contract: \_\_\_\_\_

**RENTAL ASSISTANCE MONTHLY PARTICIPANT LOG**  
 Administrator/Agency Name: \_\_\_\_\_  
 For the month of July, 2013

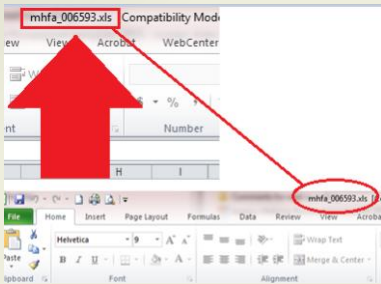
Complete log by the month you are requesting reimbursement. Please complete all cells for each household to assure that the information is correct.

I. GENERAL INFORMATION									
Participant Last Name	Participant First Name	LTH/Household Verification	Address/Street #	City	State	County	Subsidy Start Date	Previous Living Situation	Previous Living Status
APPLE	JOHN	YES	123 House #1	San Paul	SD	San Paul	7/1/2013	Emergency Shelter	
Bonaparte	BOB	NO	123 House #2	San Paul	SD	San Paul	5/1/2013	Living with family	
SMITHSON	SARAH	YES	123 House #3	San Paul	SD	San Paul	8/1/2013	Homeless	

READ ME INSTRUCTIONS GENERAL INFO MONTHLY LOG (1) ADJUSTMENTS RA FUNDING REQUEST

**Minnesota Housing**  
FINANCIAL ASSISTANCE

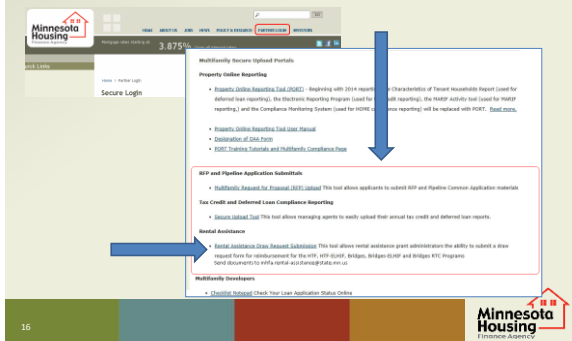
**Save, Save, Save!**



**Always Save as Excel 97-2003 (\*.xls)**



## Submit via Secure Upload:



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## Our Mission:

*Minnesota Housing finances affordable housing for low- and moderate-income households while fostering strong communities.*

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## For More Information

All Rental Assistance Draw Request submittals are due on the **15<sup>th</sup> of each month.**

Must be submitted using the LeapFILE Upload Software in the Partner Log-in.

(Draw Requests submitted via e-mail will be rejected.)

Please direct all questions or concerns to the  
Rental Assistance Team at:

[mhfa.rental-assistance@state.mn.us](mailto:mhfa.rental-assistance@state.mn.us)

Thank you for viewing this training module.

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